



Pediatric Surgical Associates, Ltd.

Nephrectomy, Total and Partial

Nephrectomy is the word for surgical removal of the kidney.

What is partial nephrectomy?

A partial nephrectomy is a surgical procedure to remove the part of the kidney that is damaged and not working well, the healthy part of the kidney is left in the body.

What is total nephrectomy?

A total nephrectomy means the entire kidney is removed.

Why is nephrectomy done?

A partial nephrectomy or total nephrectomy is done when part of the kidney or the entire kidney is damaged and not working well or functioning normally.

What causes damage to the kidney?

Kidneys can be damaged for several reasons:

- Congenital (a condition present at birth) such as obstruction
- Kidney infections
- Trauma
- Kidney diseases such as high blood pressure or diabetes
- Tumors or Cancer

How is it diagnosed?

Kidney problems that require this management are usually diagnosed by radiologic testing (ultrasound, renogram). Kidney disease is diagnosed by urine and blood tests.

When is surgery needed?

Surgery is needed when it is safer to remove part or the entire kidney than it is to leave it in the body.

What happens during surgery?

Surgery can be performed multiple ways. **Your child's surgeon will recommend what method is best for your child.**

- **Open approach**-requires an incision in the abdomen or flank (side) of the body to expose the kidney.
- **Laparoscopically**- minimally invasive using a camera and small instruments through 3-4 small incisions. May be robot-assisted (technology that enhances visualization and instrumentation).



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Will my child be in pain?

Most children do well with the surgery. Pain can be controlled by Acetaminophen (Tylenol®) or another brand. Do not give aspirin because it may cause bleeding. Always follow your surgeon's specific instructions if other pain medications, such as narcotics, are ordered.

What can I expect after the surgery?

Before your child is discharged you will be given written information about their care at home and any questions you have will be answered.

- **Diet:** Resume regular diet as tolerated.
- **Activity:** May return to school or daycare when pain is well controlled. Avoid contact sports and swimming for 14 days.
- **Wound care:** Mild swelling of the surgical area is common and should decrease in about one week. Expect some bruising. A clear plastic bandage (Tegaderm®) or surgical glue (Dermabond®) will cover the incision or port sites. These will fall off on their own, usually 5-10 days. The clear plastic dressing can be taken off after 14 days if it has not fallen off on its own. Apply Bacitracin to surgical site(s) 4 times a day for 7 days. Then switch to Aquaphor or Vaseline 4 times a day for 2 more weeks.
- **Bathing:** Ok to take a bath 24 hours after procedure. Bathe (5-10 minutes) in plain water for the next week. A daily warm bath will help with healing and provide comfort.

Medicines: Most children do well with surgery. Pain can be controlled with Acetaminophen (Tylenol®) or another brand. Do not give aspirin because it may cause bleeding. Always follow your surgeon's specific instructions if other pain medications, such as narcotics, are ordered.

What to call the doctor for:

- Fever associated with redness or drainage at surgical area.
- Significant swelling, bruising, or bleeding at surgical area.
- Wound separation.
- Decreased urine output or decrease in wet diapers.

Call your child's primary care doctor for any other concerns.

Follow-up care: Follow-up with your child's surgeon as directed following the surgery. You can call (612) 813-8000 to schedule an appointment.

Questions? This information is not specific to your child but provides general information. If you have any questions, please call the clinic.